

Periodic Transaction Report

OFFICE TELEPHONE: (202) 225-6536

MO 7
State: District:

Officer or Employee

Employing Office: _____

File an original and 1 copy

Yes ☒ No

Please indicate whether this is an initial report or an amended report. For amendments, please provide the date of the report you are amending.

Initial Report

Amendment

Date of Report Being Amended:

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

LEGISLATIVE RESOURCE CENTER

**HAND
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